ACCOUNTS PAYABLE SECTION
ACCOUNTING DEPARTMENT
808 W SPOKANE FALLS BLVD
SPOKANE WA 99201-3304
(509) 625-6020
FAX (509) 625-6939
Accounting-ACH@spokanecity.org

Accounts Payable Vendor ACH Enrollment Form

Applicant/
Company Name _____ ("Company") and the City of Spokane ("City") enter into this ACH Origination "Agreement" on this _____ day of _____ , 20 ___ .

The Company hereby authorizes the City to initiate credit entries to our checking account indicated below and the financial institution named below in order to facilitate deposit of invoice transaction payments on behalf of the Company.

BANK NAME _____

ROUTING/ABA# _____ ACCOUNT # _____

This authorization may be revoked by either the City or the Company without cause provided the City has received written notification from the Company of its termination in such time and in such manner as to afford City and Depository a reasonable opportunity to act on it. The City is not responsible for returned entries due to incorrect account or ABA routing numbers.

The Company agrees that the City may initiate debit entries to its account for corrections and adjustments in the event of erroneous transactions to the Company's account.

PRINTED
NAME _____

SIGNED _____ DATE _____

PLEASE ATTACH COPY OF VOIDED CHECK IF POSSIBLE

IT IS IMPORTANT THAT YOU PROVIDE AN E-MAIL ADDRESS SO THAT NOTIFICATION CAN BE SENT TO YOU REGARDING PAYMENTS BEING MADE TO YOUR ACCOUNT

Company ACH contact Telephone number _____
Company UBI # _____
Company ACH confirmation email addresses _____
(Confirmations may be sent to multiple people) _____

This section for City of Spokane use only
Employee submitting this setup Date_____ Name_____
ACH Record Setup _____ Date _____ Employee _____

Please return the completed form to the email address, FAX or business address above.